Release of Cost-Share Agreement

Document Number	Document Title

State of Wisconsin
Department of Natural Resources
PO Box 7921
Madison, Wisconsin 53707

Applicable to landowners participating in the:
- **Priority Watershed & Priority Lake Program**
- **Targeted Runoff Management Program**
- **Urban Nonpoint Source & Storm Water Management Program**

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Notice: This form is authorized by ss. 281.65 and 281.66, Wis. Stats., and chs. NR 120, NR 153, NR 154, and NR 155, Wis. Adm. Code. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Completion of this form is necessary to fully or partially release a landowner's property from the obligations set forth in a cost-share agreement (CSA). Complete all sections, as applicable.

Recording Area

For more information, call or contact:

Grant Information

1. Grant Program (select one)

☐ Priority Watershed & Priority Lake   ☐ Targeted Runoff   ☐ Urban NPS & Storm Water

2. Project Name

3. Grant Number

4. The undersigned Governmental Unit Agent certifies that the parcel(s) identified in Addendum 1 is released from: (select one)

☐ All obligations (full release) on <u>all</u> of property covered by the CSA   ☐ Some obligations (partial release) on <u>all</u> of property covered by the CSA

☐ All obligations (full release) on <u>part</u> of property covered by the CSA   ☐ Some obligations (partial release) on <u>part</u> of property covered by the CSA

that was recorded earlier on the property deed. Any loss of cost sharing that results from this full or partial release shall not invalidate a determination made under s. NR 151.09 or 151.095, Wis. Adm. Code, that cost sharing has been made available to comply with the performance standards or prohibitions.

5. Name of Cost-Share Recipient(s) (Last, First, M.I.)

6. Cost-Share Agreement Number

7. Name of Landowner(s) (if not cost-share recipient(s))

8. Governmental Unit (Grantee Name)

9. Address of Governmental Unit (Grantee) (Street Address, City, State, ZIP Code)

10. Recorded in the office of the Register of Deeds of _____ County, Wisconsin,

    As Document Number _____ in Volume (Reel) _____, of _____,

    On Page(s) (Image) _____.

11. Signed this _____ day of _____, 20 _____.

_____   _____
Signature of Governmental Unit Agent   Typed or Printed Name of Governmental Unit Agent

12. STATE OF WISCONSIN   )
) ss.
    _____ County   )

    Personally came before me this _____ day of _____, 20 _____, the

    Above named _____

    To me known to be the person _____ who executed the foregoing instrument and acknowledge the same.

_____   _____
Signature of Notary Public   Typed Name of Notary Public

    Notary Public _____ County, Wisconsin

    My commission (is permanent) (expires _____).

This document was drafted by the Wisconsin Department of Natural Resources.

A1. Legal Description of Property to be Released (select one)

☐ Legal description of property to be released is the <u>same</u> as the legal description provided in the CSA listed on page 1 of this form.

☐ Legal description of property to be released is <u>different</u> than the legal description provided in the CSA listed on page 1 of this form.

If different, provide the legal description below of the property to be released. Attach additional sheets if necessary.

A2. Best Management Practice(s) Released – Not necessary to complete if "all obligations" selected under #4 on page 1

Instructions: List in the table below the best management practice(s) that were eligible for cost sharing for which the landowner/ operator is released from the obligations of the cost-share agreement identified on page 1 of this form.

Location	DNR BMP Code	Practice Name

CSA Number	Typed Name of Landowner/Operator	Initials of Governmental Unit Agent	Date